

In re application of: Paboojian et al. Application No: 09/731,318 Confirmation No: 1028 Filed: December 6, 2000 Title: RECEPTACLES TO FACILITATE THE EXTRACTION OF POWDERS		Group No: 3734 Examiner: Mendoza, Michael G. Attorney Docket No: 53246-US-CNT[2] (NV.0050.01) June 1, 2011 San Francisco, California 94107																		
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Extension of Time <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136																		
Via EFS <input checked="" type="checkbox"/> Response to Final Office Action <input type="checkbox"/> Request for Continued Examination (R.C.E.) <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Extension (Months)</th> <th colspan="2" style="text-align: center; padding: 5px;">Extension Fee</th> </tr> <tr> <th style="text-align: center; padding: 5px;">Large Entity</th> <th style="text-align: center; padding: 5px;">Small Entity</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><input type="checkbox"/> One Month</td> <td style="text-align: right; padding: 5px;">\$130.00</td> <td style="text-align: right; padding: 5px;">\$65.00</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Two Months</td> <td style="text-align: right; padding: 5px;">\$490.00</td> <td style="text-align: right; padding: 5px;">\$245.00</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Three Months</td> <td style="text-align: right; padding: 5px;">\$1,110.00</td> <td style="text-align: right; padding: 5px;">\$555.00</td> </tr> <tr> <td colspan="3" style="text-align: right; padding: 5px;">Total \$0.00</td> </tr> </tbody> </table> <input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		Extension (Months)	Extension Fee		Large Entity	Small Entity	<input type="checkbox"/> One Month	\$130.00	\$65.00	<input type="checkbox"/> Two Months	\$490.00	\$245.00	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00	Total \$0.00		
Extension (Months)	Extension Fee																			
	Large Entity	Small Entity																		
<input type="checkbox"/> One Month	\$130.00	\$65.00																		
<input type="checkbox"/> Two Months	\$490.00	\$245.00																		
<input type="checkbox"/> Three Months	\$1,110.00	\$555.00																		
Total \$0.00																				
Fees for Extra Claims																				
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate	Additional Fee															
				Large Entity Small Entity																
Total Claims	18	34	0	\$22.00 \$26.00	\$0.00															
Independent Claims	3	3	0	\$220.00 \$110.00	\$0.00															
Multiple Dependent Claims			0	\$390.00 \$195.00	\$0.00															
Supplemental Information Disclosure Statement																				
Total					\$0.00															
Fee Payment				Fee Deficiency <input checked="" type="checkbox"/> If any additional extension fee is required, please charge Deposit Account No. 10-0258. and/or <input checked="" type="checkbox"/> If any additional fee for claims or any other fee is required, please charge Deposit Account No. 10-0258.																
Extension of Time	\$0.00																			
Fee for Extra Claim(s)	\$0.00																			
Total	\$0.00																			
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of \$0.00.		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555.																		
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8(a)): I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent Office at (571) 263-8300, or electronically submitted via EFS on the date shown below.		Please continue to send correspondence to: NOVARTIS AG Corporate Intellectual Property One Health Plaza 104/3 East Hanover, NJ 07936-1080																		
By: <u>Melanie Hitchcock</u> Date: <u>June 1, 2011</u> Melanie Hitchcock		Respectfully Submitted, <u>Guy V. Tucker</u> Guy V. Tucker Registration No. 45,302																		